

State: Arizona

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determines eligibility for coverage.

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TN No. 93-9  
Supersedes  
TN No. 92-1

Approval Date

06/25/93

Effective Date January 1, 1993

State: Arizona

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

27. Specified low-income Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

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TN No. <u>93-9</u>	Approval Date <u>06/25/93</u>	Effective Date <u>January 1, 1993</u>
Supersedes		
TN No. <u>None</u>		

State: ARIZONA

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(e) of the Act

28. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

\_\_\_ b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State Plan, are eligible for Medicaid as categorically needy.

\* Agency that determines eligibility for coverage.

TN No. 95-03  
Supersedes  
TN No. None

Approval Date APR 25 1995

Effective Date January 1, 1995

State: Arizona

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

42 CFR	<input checked="" type="checkbox"/>	1. Individuals described below who meet the
435.210		income and resource requirements of AFDC, SSI, or an
1902(a)		optional State supplement as specified in 42
(10)(A)(ii) and		CFR 435.230, but who do not receive cash
1905(a) of		assistance.
the Act		

☒ The plan covers all individuals as described above.

☐ The plan covers only the following group or groups of individuals:

N/A

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR	<input checked="" type="checkbox"/>	2. Individuals who would be eligible for AFDC, SSI
435.211		or an optional State supplement as specified in 42
		CFR 435.230, if they were not in a medical
		institution.

\*Agency that determines eligibility for coverage.

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TN No. <u>92-1</u>	Approval Date <u>AUG 25 1992</u>	Effective Date <u>January 1, 1992</u>
Supersedes		
TN No. <u>88-12</u>		HCFA ID: 7983E

State/Territory: ARIZONA

Agency*	Citation(s)	Groups Covered
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42 CFR 435.212 &  
1902(e)(2) of the  
Act

B. Optional Groups Other Than Medically Needy  
(Continued)

☒ The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in a Medicaid Managed Care Organization (MCO) as defined in Section 1903(m)(1)(A) of the Act or with a Primary Care Case Manager (PCCM) as defined in Section 1905(t) of the Act. The guaranteed eligibility period begins on the date the Medicaid eligible individual first enrolls with an MCO or PCCM.

Coverage under this section is limited to benefits provided to the individual as an enrollee of the MCO, or by or through the case manager for PCCM enrollees, and family planning services described in Section 1905(a)(4)(C) of the Act.

The minimum enrollment period is     \*\*     (not to exceed six months).

The following options are available to the State concerning whether to grant additional periods of guaranteed eligibility. Please check the boxes below to indicate how you have elected to implement the optional aspects of this provision:

For individuals who already had a period of guaranteed eligibility and later become re-eligible for Medicaid, the State elects the following:

☒ individuals are limited to a single period of guaranteed eligibility\*\*; or  
☐ individuals who become re-eligible, are provided another period of guaranteed eligibility.

For individuals who change health plans before the end of the the period of guaranteed eligibility, the State elects the following:

☐ guaranteed eligibility is limited to services provided by the health plan the individual first enrolled with; or  
☐ another period of guaranteed eligibility will be extended to the new health plan.  
☒ the balance of the single period of guaranteed eligibility\*\* will be continued in the new health plan.

\*\* The single period of guaranteed eligibility is five (5) months, plus the remaining days of the month of enrollment.

\* Agency that determines eligibility for coverage.

TN No. 99-11  
Supersedes  
TN No. 93-15

Approval Date 12/30/98 Effective Date October 1, 1998

State/Territory: Arizona

Agency*	Citation(s)	Groups Covered
1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)	(Waiver) B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)  The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.  ___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).  During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.  ___ No restrictions upon disenrollment rights.
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.  X ___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.  ___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

\*Agency that determines eligibility for coverage.

TN No. 93-15 Approval Date 8/31/93 Effective Date April 1, 1993  
Supersedes  
TN No. None

HCFA ID: 7983E

State/Territory: Arizona

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217  
(Waiver)

*Handwritten:* 2. *Handwritten:* 4.

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverage.

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Supersedes  
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HCFA ID: 7983E

State: Arizona

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

N/A

- ☐ Aged
- ☐ Blind
- ☐ Disabled
- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

\*Agency that determines eligibility for coverage.

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TN No. <u>92-1</u>	Approval Date <u>AUG 25 1992</u>	Effective Date <u>January 1, 1992</u>
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TN No. <u>88-12</u>		HCFA ID: 7983E



Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220 ☒ 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

N/A ☒ The State covers all individuals as described above.

1902(a)(10)(A)(ii) and 1905(a) of the Act ☒ The State covers only the following group or groups of individuals:

- ☐ Individuals under the age of--
  - ☐ 21
  - ☐ 20
  - ☐ 19
  - ☐ 18
- ☐ Caretaker relatives
- ☐ Pregnant women

42 CFR 435.222  
1902(a)(10)(A)(ii) and  
1905(a)(i) of  
the Act

7. ☒ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are <sup>under</sup> ~~at least~~ years of age or younger as indicated below:

- ☐ 21
- ☐ 20
- ☐ 19
- ☒ 18

*hvd.*

TN No. 92-1  
Supersedes  
TN No. 86-10

Approval Date AUG 25 1992

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HCFA ID: 7983E

State: Arizona

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.222

☒ b. Reasonable classifications of individuals described in (a) above, as follows:

\_\_\_ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

\_\_\_ (a) In foster homes (and are under the age of \_\_\_).

N/A

\_\_\_ (b) In private institutions (and are under the age of \_\_\_).

\_\_\_ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_).

\_\_\_ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_).

\_\_\_ (3) Individuals in NFs (who are under the age of \_\_\_). NF services are provided under this plan.

\_\_\_ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_).

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TN No. 86-10

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